FORM **QFR-103A(NB)** (8-10-98)

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

NOTICE – Response to this inquiry is **required by law (title 13, U.S. Code)**. By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

(Please correct any error in name, address, and ZIP Code)

NATURE OF BUSINESS REPORT

Complete items 1 through 9. Omissions and inconsistencies will result in correspondence which is both costly and time consuming.

NOTE – Please read the enclosed Rules for Consolidation before completing this report.

CONSOLIDATE every domestic corporation which is owned more than 50 percent by your corporation and its majority-owned corporations, EXCEPT those explicitly excluded.

Audited figures are not required.
Estimates are acceptable.

RETURN OR FAX TO Bureau of the Census Company Statistics Division Attn: QFR Washington, DC 20233-6192 FAX No. 1-888-353-4102		In corresp	ondence	igit serial number below address.				
	Month	Day	Year	Latest acco	unting year ending –	Amount		
Enter the latest accounting year				a. Total assets		\$		
closing date	•			b. Total gro	•	\$		
Specify the particular type of operation whice manufacturer of machine tools, sales of farm	h most clea n equipment	rly describe t, grocery s	es the prir upermark	mary business act et, oil and gas ex	tivity of this company (for examp traction, coal mining, etc.).	ole: book publisher,		
3. List all sources from which gross receipts (re	ported in it	em 1b) wer	re derived	. (If more space i	s needed, reference item numbe	r and attach a separate sheet.)		
Source of gross receipts				Estimated percent of gross receipts (b)	Materials used (for 3a and b only) (c)			
 a. List products made, processed, or assemb own facilities (include contract work done 	led by this for others o	company v on their ma	with its aterials)		Principal raw materials use which purchased)	d in production (indicate form in		
				%				
				%				
				%				
				%				
				%				
				%				
 b.List products made, processed, or assembled for this company by others (from materials owned by this company) 			Materials from which produ	icts were made				
				%				
				%				
				%				
a List who leads activities (goods hought on	d rocold)			%	Include in 2s. Products how	aht and recold to (or as agents or		
c. List wholesale activities (goods bought and resold)			% %	Include in 3c – Products bought and resold to (or, as agents or brokers, bought for or sold to) retailers, wholesalers, and business users, for example: apparel, food products, machinery, farm equipment and supplies, petroleum products,				
				%	and electronic products. Not manufacturers representative	e that this category includes		
				%	manufacturers representative	es.		
				%				
				%				
				%				
d.List retail activities (goods bought and resold to the public)			%	Include in 3d – Merchandise bought and resold to the general public for personal or household consumption, for example: groceries, clothing, automobiles, fuel oil, hardware, and				
				%	Iumber. Note that this catego	ory does not include supplies and		
				%	equipment sold for use in ag considered wholesale operat	ricultural production, these are tions for this report.		
				%	·	·		
				%				
				%				
e. List mining activities (identify principal mineral involved)			%	Include in 3e – Mining, on-site milling, exploration and developing, quarrying, and mining services for others, for example: coal preparation, operation of oil and gas wells,				
				%	making seismograph surveys	s, and operating iron ore mines.		
				%				
				%				
Other sources of receipts				%	Include in 2f Identify a	on of receipts not listed in ab		
f. Other sources of receipts				0/	categories, for example, real	es of receipts not listed in above estate rental, insurance services,		
				<u>%</u> %		rtation and utilities services, and		
				% %	agricultural production.			
				% %				
TOTAL Gross Receipts ———				100%				
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PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

5a. Name of reporting company based composition and support in the factor of the description of the proposition of the proposit	The replies to items 5 through 8 should re	eflect the PRESENT s	status of your company	as of –	To	day's date	Month	Day	Year	
e. List Federal Employer Identification Numberial under which income and payroll taxes are recorded. 6. Give name, mailing address, and Federal Employer Identification Numberial of any DOMESTIC corporation which owns more than 5d persont of the recording bringing in the part of the recording bringing in the part of the part of the Post of			vacation your company	40 01		<u>uu, o uuto</u>		.1		
B. Give name, mailing address, and Federal Employer Identification Numbered of any DOMESTIC corporation which cowns more those 50 persent of the reporting company if none, enter those,? In Name (Exact corporate cities) In Name (Exact corporate bites) In Name (Exact	b. Date corporation chartered c. State in	n which chartered	utive office	e officer Title						
separate compare (if none, order home.) A Name (Exact corporate tible) A Foderal Employer Identification Number(s) 7. Does the recording company have majority-owned domestic comprations? (Mark XY one) No. Set Pro ident a	e. List Federal Employer Identification N	umber(s) under which	L ch income and payroll t	axes are re	eported	<u>:</u>				
d.Federal Employer identification Number(s) 7. Does the resorting company have majority-owned domestic corporations? (Mark 'X' one) No. SCRI' to Item 8	6. Give name, mailing address, and Fede reporting company (If none, enter "non	ral Employer Identifi ne.")	cation Number(s) of an	y DOMEST	TIC corpora	ation which ow	ns more than	50 percent of	of the	
d. Federal Employer Identification Number(s) 7. Does the resporting company have majority-owned domestic corporations? (Mark 'X' one) Name See Complete Information below. If more space is needed, reference item numbers and attachs a separate wheet. Name See Complete Information below. If more space is needed, reference item numbers and attachs a separate wheet. Name See Control See Complete Information below. If more space is needed, reference item numbers and attachs a separate wheet. Name See Control S	a. Name (Exact corporate title)			b. Mailing	g address	(Number and s	treet)			
7. Does the reporting company have majority-owned domestic corporation? [Mark X* one)				c. City			State	ZIF	P Code	
No - SCMP to Item 8	d. Federal Employer Identification Numb	per(s)					· · ·	<u> </u>		
Yes - Complete information below. If more space is needed, reference item number and attach a separate sheet. Name		ority-owned domest	ic corporations? (Mark	"X" one)						
Mailing address (Number and street) (Exact corporate ritle) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d		If more space is nee	eded. reference item nu	mber and a	attach a se	parate sheet.				
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